CAMPAICH	ANDIDATE / OFFICEHOL	LDER	FORM JC/OH
CAMI AIGN	FINANCE REPORT	4481	Cover Sheet pg 1
	Guce explains how to complete this form.	1 ACCOUNT # (Ethics Commission frees) 576.407	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST	L	OFFICE USE ONLY
NAME	Judge Rober	\mathcal{H}	Date Received
	ACKNAME S	SUFFIX	
4 CANDIDATE /	ADDRESS / PO BOX. APT / SUITE #: C	CITY; STATE, ZIP CODE	
OFFICEHOLDER ADDRESS	2633 Deer	foot Til	2 t ₆
Change of Addres	· Austin, Tx,	8704	Date Hand-delivered or Date Fegynaried
5 CAMPAIGN TREASURER	TITLE FIRST	A MI	~ XXS
NAME	NICKNAME LAST	ove	Receipt # Amount
	LAST	SUFFIX	Date Processed
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE). APT / SUIT		Date Imaged
TREASURER ADDRESS (Residence or business	10 m	TE#: CiTY, STATE	ZIP CODE
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(5/2) 44070	120	
REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer
	July 15 8th day before election	Exceeded \$500 limit	appointment (officeholder crity) Final report (Altach C/OH - FR)
PERIOD COVERED	Month Day Year THROUGH	Month Day GH /2/3/	Year 9 9
0 ELECTION	ELECTION DATE ELECTION TYPE		
	Primary	Runotf	General Specia
1 OFFICE	OFFICE HELD AT AND 33/SINAT	12 OFFICE SOUGHT (if known	1)
3 DIRECT	Jany 1 - Wal	· <u>U</u> .	
CAMPAIGN EXPENDITURE	V. Direct campaign expenditures are campaign expenditures are required to disclose this information	penditures made by others without on only if they receive notification of	the candidate's prior consent or approval
BY OTHER INDIVIDUALS	Nane		
	Address / PO Box. Apr. / Suite # City State Zip	Code	
additional pages			
	GO TO PA	NGE 2	
Device			

SUPPORT &		/ OFFICEHOLDER REPORT:	FORM JC/OH COVER SHEET PG 2
14 C/OH NAME	KA (Terhins	15 ACCOUNT # (Etnics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	may have been mad	ides political expenditufes by political committees to support the case without the candidate's or officeholder's knowledge or consent. Case on only if they receive notice of such expenditures.	andidate / officeholder
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ABORESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
addfional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED.	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	\$ \$ 5, °°
	4. TOTAL	POLITICAL EXPENDITURES	\$ 145.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	\$ 11,191.04
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF ALL OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			
	MARY LOUISE AGUIRI ME COMMISSION EXPIR Fabruary 15, 2003	is true and correct and includes me under Title 15, Election Code	of perjury, that the accompanying report all information required to be reported by andidate or Officeholder
AFFIX NOTARY STA	AMP / SEAL ABOVE	the said Bob Paking	, this the $\frac{1844}{}$ day
	-	ify which, witness my hand and seal of office	, this thet O day
Much bou	in aguin	ne Mary Louise A Guines Printed name of officer administering oath	Notary Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A	(J)
1000	

				
The Instruc	пом Guide explains how to complete this form.		1 Total pages Sche	edule A(J)
2 FILER NAME			3 ACCOUNT # (Ethics Commission frees)	
4 Date	Date 5 Full name of contributor cut-o		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	6 Contributor address; City, State; Zip	Code		 - -
) Contributor's	principal occupation	10 Contributor's j	ob tille	
11 Contributor's	employer/law firm	12 Law firm of co	ntributor's spouse (if a	ny)
3 If contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	Out-of-slate PAC	Amount of	In-kind contribution
		• • • • • • • • • • • • • • • • • • • •	contribution (\$)	description(if applicable)
Contributor's	Contributor address; City. State. Zip C	• • • • • • • • • • • • • • • • • • • •	contribution (\$)	description(if applicable)
		Contributor's jo	contribution (\$)	description(if applicable)
Contributor's	principal occupation	Contributor's jo	contribution (\$)	description(if applicable)
Contributor's	principal occupation employer/law firm	Contributor's jo Law firm of cor	contribution (\$)	description(if applicable)
Contributor's If contributor in the contributor in	principal occupation employer/law firm is a child, law firm of parent(s) (if any) Full name of contributor	Contributor's jo Law firm of cor	contribution (\$) b title tributor's spouse (if an contribution (\$)	description(if applicable) ny) In-kind contribution
Contributor's If contributor is Date Contributor's p	principal occupation employer/law firm is a child, law firm of parent(s) (if any) Full name of contributor Contributor address, City, State; Zip Co	Contributor's jo Law firm of cor Cut of state PAC Contributor's job	contribution (\$) b title tributor's spouse (if an contribution (\$)	description(if applicable) In-kind contribution description(if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Texas Ethics Commission P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

The Instruc	TION GUIDE explains how to complete this form.		1 Total pages Sch	nedule B(J)	
FILER NA	ME		3 ACCOUNT# (E	thics Commission (ilers)	
ТОТА	TOTAL OF UNITEMIZED PLEDGES: ದ ದ ದ ದ			\$	
Date	6 Full name of pledgor	out of state PAC	8 Amount of pledge (\$)	9 In-kind descriptio	
	7 Pledgor address, City State, Zip			(if applicable)	
) Pledgor's pr	I rincipal occupation	11 Pledgor's job t	itle		
Pledgor's ei	mployer/law firm	13 Law firm of ple	edgor's spouse (if any	()	
I If pledgor is	a child, law firm of parent(s) (if any)				
Date	Full name of pledgor	out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address. City, State Zip (Code	pledge (\$)	•	
Pledgor's pri	Pledgor address. City, State Zip (Pledgor's job ti	pledge (\$)	(if applicable)	
Pledgor's pri Pledgor's en	Pledgor address, City, State Zip (incipal occupation inployer/law firm	Pledgor's job ti	pledge (\$)	(if applicable)	
Pledgor's pri Pledgor's en If pledgor is	Pledgor address. City. State Zip (incipal occupation inployer/law firm a child, law firm of parent(s) (if any)	Pledgor's job ti	pledge (\$)	(if applicable)	
Pledgor's pri	Pledgor address, City, State Zip (incipal occupation inployer/law firm	Pledgor's job ti	pledge (\$)	(if applicable)	
Pledgor's pri Pledgor's en If pledgor is	Pledgor address. City. State Zip (incipal occupation inployer/law firm a child, law firm of parent(s) (if any)	Pledgor's job ti Law firm of ple Out-of-state PAC	pledge (\$) tie dgor's spouse (if any,	(if applicable)	
Pledgor's properties of the pledgor is Date	Pledgor address. City. State Zip (incipal occupation inployer/law firm a child, law firm of parent(s) (if any) Full name of pledgor	Pledgor's job ti Law firm of ple Out-of-state PAC	pledge (\$) tile dgor's spouse (if any, Amount of pledge (\$)	(if applicable)	
Pledgor's pri	Pledgor address. City, State Zip (incipal occupation incipal occupation a child, law firm of parent(s) (if any) Full name of pledgor Pledgor address; City, State; Zip C	Pledgor's job ti Law firm of ple Out-of-state PAC Pledgor's job til	pledge (\$) tile dgor's spouse (if any, Amount of pledge (\$)	(if applicable)	

LOANS (JUDICIAL)	me		SCHEDULE E (J)
The Instruction Gui	DE explains how to complete this form.		1 Total pages Sch	edule E(J):
2 FILER NAME			3 ACCOUNT# (E	thics Commission filers)
4 • TOT/	AL OF UNITEMIZED LOANS: ⇔		ਲ છ	\$
5 Date of loan	7 Name of lender	out of state PAC	X.	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City, State, Zip		* • • • • • • • • • • • • • • • • • • •	10 Interest rate
Υ Ν			• • •	11 Maturity date
12 Lender's Principal Oc		13 Lender's Job Title		
14 Lender's Employer/L	aw Frim	15 Law Firm of lender	r's spouse (if any)	
16 If lender is child, law	firm of parent(s) (if any)			
17 Description of Collate	rat			
none				
18 GUARANTOR INFORMATION	19 Name of guarantor			21 Amount Guaranteed (\$)
not applicable	20 Guarantor address. City, State Zip C			
22 Guarantor's Principal	Occupation	23 Guarantor's Job Tit	le	
24 Guarantor's Employe	r/Law Frim	25 Law Firm of guarar	ntor's spouse (if any)	
26 If guarantor is child, la	aw firm of parent(s) (if any)			
lf lender i	ATTACH ADDITIONAL COPIE s out-of-state PAC, please see instruct	S OF THIS FOR M A ion guide for addit	S NEEDED ional reporting	requirements.

POLITI EXPEN	ICAL NDITURES		\$	SCHEDULE F
The Instructi	ION GUIDE explains how to complete this form.	1	1 Total pages Schedu	ule F
2 FILER NAM	Bolleral		3 ACCOUNT # (Ethic	s Commission fliers)
12/24/99		702		Amount (\$)
information re	penditure (See instructions regarding type of sets to Filing Day Dinner	9 ··· Complete if direct expe Candidate / Officeholder i	inditure to benefit C/OH name	Office sought / held
Date	Payee name Payee address; City, State; Zip Code			Amount (\$)
Purpose of exp information red	penditure (See instructions regarding type of equired)	 Complete if direct expendence in Candidate / Officeholder in 	nditure to benefit C/OH name	•• Office sought / held
Date	Payee name Payee address; City, State; Zip Code			Amount (\$)
Purpose of expiniformation req	penditure (See instructions regarding type of quired)	Complete if direct exper Candidate / Officeholder n	Inditure to benefit C/OH lame	•• Office sought / held
Dale	Payee address; City; State; Zip Code			Amount (\$)
Purpose of expe	enditure (See instructions regarding type of uired.)	 Complete if direct expen- Candidate / Officeholder na 	diture to benefit C/OH •	Office sought / held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

The Instruc	ทอง Guide explains how to complete this form.	1 Total pages Schedule	G.
FILER NA	NAME 3 ACCOUNT# (E		omnission filers)
Date	5 Payee name	8	Amount (\$)
	6 Payee address; City, State, Zip Code		(-)
	7 Purpose of expenditure (See instructions regarding type of information re-	quired)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City, State, Zip Code		(⊅)
	Purpose of expenditure (See instructions regarding type of information red	quired)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City, State, Zip Code		(♥/
	Purpose of expenditure (See instructions regarding type of information rec	quired)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address, City, State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information red	quired)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		(*)
	Purpose of expenditure (See instructions regarding type of information req	uired)	Reimbursement from political contributions intended

P.O. Box 12070

	ENT FROM POLITICAL CO BUSINESS OF C/OH	NTRIBUTION	Spre	SCHEDULE H
The Instructi	ทอง Guide explains how to complete this form.		1 Total pages Schedule	H:
2 FILER NAM	ME		3 ACCOUNT # (Ethics Co	ommission filers)
4 Date	5 Business name	11 - 11	7	Amount (\$)
	6 Business address. City; State; Zip C	Code		
8 Purpose of pa information re	payment (See instructions regarding type of required)	9 · Complete Candidate / Officet	te if direct expenditure to be holder name	nefit C/OH ++ Office sought / held
Date	Business name	1		Amount (\$)
	Business address, City; State, Zip C	Code		
Purpose of pa information re	ayment (See instructions regarding type of required.)	·· Complete Candidate / Officeh	e if direct expenditure to ben nother name	nefit C/OH ··· Office sought / reld
Date	Business name			Amount (\$)
	Business address; City, State; Zip C	Code		
Purpose of pa information re	ayment (See instructions regarding type of equired)	·· Complete Candidate / Officetr	if direct expenditure to ben colder name	efit C/OH ++ Office sought / held
Date	Business name			Amount (\$)
	Business address; City, State; Zip Co	code		
Purpose of pay information red	ayment (See instructions regarding type of equired)	·· Complete Candidate / Officeho	e if direct expenditure to ben older name	iefit C/OH ··· Office sought / held
	ATTACH ADDITIONAL COR	PIES OF THIS FORM A	S NEEDED	

	POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	No	SCHEDULE
The Instruc	TION GUIDE explains how to complete this form.	1 Total pages Sche	dule I
FILER NA	FILER NAME 3 ACCOUNT # (EII		
Date	5 Payee name 6 Payee address, City; State; Zip Code		8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information requ	ired)	
Date	Payee name Payee address; City, State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	ired)	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requi	ired)	
Date	Payee name Payee address; City; State, Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requi	red)	
Date	Payee name Payee address; City; State, Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information require	red)	

he Instruc	non Guide explains how to complete this form.	1 Total pages Schedule k	ζ.
FILER NAME		3 ACCOUNT# (Ethics Co.	mmission filers)
Date	5 Payor name	8	Amount (\$)
	6 Payor address, City, State; Zip Code		
	7 Reason for credit		
Date	Payor name		Amount (\$)
	Payor address, City, State; Zip Code		
	Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City; State; Zip Code		
	Reason for credit		
Date	Payor name		Amount (\$)
	Payor address, City, State, Zip Code		(\$)
	Reason for credit		
Date	Payor name		Amount
	Payor address; City, State; Zip Code		(\$)
	Reason for credit		

P O. Box 12070

	OUTSTAN	IDING LOANS	\mathcal{M}	ove	SCHEDULE L
	The Instruction Gu	ισε explains how to complete th	is form.	1	Total pages Schedule L.
2	FILER NAME			3	3 ACCOUNT # (Ethics Commission tiers)
	LENDER INFORMATION	4 Name of lender			
		5 Lender address;	City;	State;	Zip Code
	GUARANTOR INFORMATION	6 Name of guarantor			
	not applicable	7 Guarantor address;	City;	State,	Zıp Code
	LENDER INFORMATION	Name of lender			
		Lender address,	City;	State,	Zıp Code
•	GUARANTOR INFORMATION	Name of guarantor			
	not applicable	Guarantor address;	City;	State,	Zıp Code
	LENDER INFORMATION	Name of lender			
		t.ender address;	City,	State,	Ζιρ Code
	GUARANTOR INFORMATION	Name of guarantor			
	not applicable	Guarantor address;	City;	State;	Zıp Code
	LENDER INFORMATION	Name of lender			
		Lender address,	City,	State;	Zıp Code
•	GUARANTOR INFORMATION	Name of guarantor			
	not applicable	Guarantor address.	City;	State;	Zip Code

	ASSETS VALUED AT \$500 OR MORE	No.	ne	SCHEDULE M	
	The Instruction Guide explains how to complete this form.		1 Total pages S	Schedule M.	
2	FILER NAME		3 ACCOUNT#	(Ethics Commission filers)	
4	Description of Asset				
	Description of Asset				
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	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				
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